

**USCG AUXILIARY DISTRICT 13
AUXILIARIST OF THE MONTH NOMINATION**

NOMINATOR INFORMATION

Date: _____

Name: _____ Member Number: _____

Flotilla: _____ Email Address: _____

NOMINEE INFORMATION

Name of Member Being Nominated: _____ Member Number: _____

Flotilla: _____

Member's Active Certifications: _____

Office(s) Currently Held: _____

Awards Received in Past Twelve Months: _____

Number of Times Member Has Received Auxiliarist of the Month Award: _____

CITATION

In the area below, provide a draft of your citation listing the achievements for which the member is being nominated. Include the period and location(s) of activity, impacts on Auxiliary and customers (Active Duty Coast Guard, other government agencies, commercial and private parties, etc.). *Note: It is possible that the citation will be edited to meet Auxiliarist of the Month guidelines.*

When completed, please submit your nomination to DCO Singler at tiney.d.singler@cgauxnet.us. Include a photo of the nominee and if possible, several photos to illustrate the achievements cited in your nomination.

(04/2020)